Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Facility Information

Facility Name: DONNA GOES ADULT FAMILY HOME (690048) Address: 812 EAST 18TH STREET, MARSHFIELD, WI 54449

License Status: REGULAR

Licensed/Certified/Registered 05/01/1996

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

| Survey | History |
|--------|---------|
|--------|---------|

Survey ID: 0097340 End Date: 06/16/2006 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0096600 End Date: 03/14/2006 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009525 Served 03/25/2006

| | | <u>Compliance</u> | | |
|---------------------------|--|-------------------|-----------|--|
| Deficiencies Cited | Subject Area | <u>Verified</u> | Corrected | |
| 50.065(2)(b)intro | ENTITY BACKGROUND CHECK REQUIREMENTS | | | |
| 88.04(5)(a) | TRAINING-15 HOURS WITHIN 6 MONTHS | | | |
| 88.04(5)(b) | TRAINING-8 HOURS ANNUALLY | | | |
| 88.06(3)(a) | INDIVIDUAL SERVICE PLAN & ASSESSMENT | | | |
| 88.06(3)(b) | PERSONS INVOLVED WITH ISP & ASSESSMENT | | | |
| 88.07(3)(d) | MEDICATION- WRITTEN ORDER | | | |
| 88.07(3)(u) | WIEDICATION- WRITTEN ORDER | | | |

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0092537 End Date: 04/01/2004 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009269 Served 05/18/2004

| | | <u>compilate</u> | |
|--------------------|----------------------------|------------------|-----------|
| Deficiencies Cited | Subject Area | <u>Verified</u> | Corrected |
| 88.06(3)(f) | REVIEW OF ISP | 03/14/2006 | Yes |
| 88.07(3)(a) | PRESCRIPTION MEDICATIONS | 03/14/2006 | Yes |
| 88.07(3)(d) | MEDICATION- WRITTEN ORDER | 03/14/2006 | No |
| 88.07(3)(e)1 | MEDICATION- RECORD KEEPING | 03/14/2006 | Yes |
| | | | |

Compliance

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

| Enforcement History | | | | | | |
|---------------------|---------------|--------------|--|--|--|--|
| Date: 03/23/2006 | SOD #10009525 | Appealed: No | | | | |
| Sanctions | | | | | | |
| COMPLY WITH REC | QUIREMENT | | | | | |
| Date: 05/13/2004 | SOD #10009269 | Appealed: No | | | | |
| Sanctions | | | | | | |
| COMPLY WITH REQ | QUIREMENT | | | | | |

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Complaint History

Date Complaint Received: 05/06/2006 Date Investigation Completed: 06/15/2006

Subject Area(s) Result SOD #

RESIDENT RIGHTS NOT SUBSTANTIATED PROGRAM SERVICES NOT SUBSTANTIATED

Date Complaint Received: 11/09/2005 Date Investigation Completed: 03/14/2006

Subject Area(s) Result SOD #

RESIDENT RIGHTS NOT SUBSTANTIATED PROGRAM SERVICES NOT SUBSTANTIATED